

UNISEARCH PAYMENT FORM

Consultant Name _____

Date: _____

UNSW Employee ID: z _____

To: UNSW

Client Relationship Consultant: _____

Job No: _____

Timesheet No: _____

Case name: _____

Section 1 – Payroll			
Nature of fee (eg. site visit, preparation of report, testing etc.)	Time	Hourly rate	Amount
		\$	
		\$	
		\$	
		Total amount inclusive of Super	
	GL: 4016	Super (9.5%)	
	GL: 4401	Gross payment exclusive of Super	
Section 2 – Expense Reimbursement			
Description of expenses (eg. car mileage, airfares, photographic costs etc.) * Please attach all receipts	Unit	Quantity	Amount
		Total amount	
Section 3 – UNSW Internal Debit			
UNSW School Expenses *To be paid direct to UNSW			
Description	Amount	GST	Total
Account:	GL Fund:	Dept ID:	Program:
Class:	Budget Period:	Project/Grant:	
TOTAL AMOUNT DUE:			\$

I acknowledge that a 9.5% superannuation deduction will be made from Section 1.

Consultant signature _____ / ____ / ____ Date
NAMEAPPROVER (signature) _____ / ____ / ____ Date
NAME

Please sign and date and return to Unisearch by email.

CHARTFIELDS**Business Unit**

UNSWA

Organisation

Unisearch

Fund

OP001

Project

PS44127